



Tribal Resources Grant Program Hiring Budget Worksheets

Applicant Legal Name: _____ ORI #: _____

Directions: This worksheet will assist you in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Part I if you are requesting funding for full-time officer positions. Complete Part II if you are requesting funding for part-time officer positions. Complete both Part I and Part II if you are requesting funding for both full-time and part-time officer positions. Please complete the budget worksheets for the agency's entry-level total salary and benefit costs for one full-time and/or one part-time officer position. All applicants must also answer all of the TRGP Budget Summary questions on page seven. Finally, complete page eight showing the federal/local share for one full-time and/or one part-time officer position. The federal share percentage must decrease each year from year one to year three.

The budget information you provide will be used to calculate your grant amount. If you are requesting more than one officer position, the COPS Office will use the figures that you provided for one officer position to calculate the total amount requested. Assistance in completing this worksheet is available from the U.S. Department of Justice Response Center at 800.421.6770.

PART I: Complete if your agency is requesting full-time officers

1. Cost Per Full-Time Officer – Year 1

Instructions – Indicate your agency's cost for each of the following categories. Do not include employee contribution costs.

Please round each line item to the nearest dollar.

Current Annual Entry-Level Base Salary	\$ _____ .00	% of base salary	Enter the base annual first year salary that your department currently pays a new, entry-level officer.
Annual Fringe Benefits:			
*Social Security	\$ _____ .00	_____ %	Cost for Social Security may not exceed 6.2% If exempt check here <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Cost for Medicare may not exceed 1.45% If exempt check here <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Costs toward health insurance coverage, please indicate if this is for Family Coverage () Yes () No
Life Insurance	\$ _____ .00	_____ %	Costs toward life insurance coverage.
Vacation	\$ _____ .00	_____ %	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ _____ .00	_____ %	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ _____ .00	_____ %	Contribution to retirement benefits.
*Worker's Comp.	\$ _____ .00	_____ %	Costs of worker's compensation.
*Unemployment Ins.	\$ _____ .00	_____ %	Costs of unemployment insurance.
Other _____	\$ _____ .00	_____ %	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other _____	\$ _____ .00	_____ %	
Total Fringe Benefits	\$ _____		Sum of department fringe benefit costs for Year 1.
Total Year 1 Salary and Benefits	\$ _____		Year 1 base salary plus Year 1 fringe benefits

*see page seven, question number four of this worksheet.

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Applicant Legal Name: _____ ORI #: _____

PART I: Complete if your agency is requesting full-time officers

2. Cost Per Full-Time Officer – Year 2

Instructions – Indicate your agency's cost for each of the following categories. Do not include employee contribution costs.

Please round each line item to the nearest dollar.

Current Annual Entry-Level Base Salary	\$ _____ .00	% of base salary	Enter the base annual second year salary that your department currently pays a new, entry-level officer.
Annual Fringe Benefits:			
*Social Security	\$ _____ .00	_____ %	Cost for Social Security may not exceed 6.2% If exempt check here <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Cost for Medicare may not exceed 1.45% If exempt check here <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Costs toward health insurance coverage, please indicate if this is for Family Coverage () Yes () No
Life Insurance	\$ _____ .00	_____ %	Costs toward life insurance coverage.
Vacation	\$ _____ .00	_____ %	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ _____ .00	_____ %	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ _____ .00	_____ %	Contribution to retirement benefits.
*Worker's Comp.	\$ _____ .00	_____ %	Costs of worker's compensation.
*Unemployment Ins.	\$ _____ .00	_____ %	Costs of unemployment insurance.
Other _____	\$ _____ .00	_____ %	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other _____	\$ _____ .00	_____ %	
Total Year 2 Fringe Benefits	\$ _____ .00		Sum of department fringe benefit costs for Year 2.
Total Year 2 Salary and Benefits	\$ _____ .00		Year 2 base salary plus Year 2 fringe benefits

*see page seven, question number four of this worksheet.

Tribal Resources Grant Program Hiring Budget Worksheets

Applicant Legal Name: _____ ORI #: _____

PART I: Complete if your agency is requesting full-time officers

3. Cost Per Full-Time Officer – Year 3

Instructions – Indicate your agency's cost for each of the following categories. Do not include employee contribution costs.

Please round each line item to the nearest dollar.

Current Annual Entry-Level Base Salary	\$ _____ .00	% of base salary	Enter the base annual third year salary that your department currently pays a new, entry-level officer.
Annual Fringe Benefits:			
*Social Security	\$ _____ .00	_____ %	Cost for Social Security may not exceed 6.2% If exempt check here <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Cost for Medicare may not exceed 1.45% If exempt check here <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Costs toward health insurance coverage, please indicate if this is for Family Coverage () Yes () No
Life Insurance	\$ _____ .00	_____ %	Costs toward life insurance coverage.
Vacation	\$ _____ .00	_____ %	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ _____ .00	_____ %	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ _____ .00	_____ %	Contribution to retirement benefits.
*Worker's Comp.	\$ _____ .00	_____ %	Costs of worker's compensation.
*Unemployment Ins.	\$ _____ .00	_____ %	Costs of unemployment insurance.
Other _____	\$ _____ .00	_____ %	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other _____	\$ _____ .00	_____ %	
Total Year 3 Fringe Benefits	\$ _____ .00		Sum of department fringe benefit costs for Year 3.
Total Year 3 Salary and Benefits	\$ _____ .00		Year 3 base salary plus Year 3 fringe benefits

*see page seven, question number four of this worksheet.

Tribal Resources Grant Program Hiring Budget Worksheets

Applicant Legal Name: _____ ORI #: _____

PART II: Complete if your agency is requesting part-time officers

Part-time Hours

There is a funding cap for part-time officers in proportion to the number of hours worked (e.g., 20 hours/40 hour week = .5 full-time equivalent officer. Part Time Federal Share Cap = $0.5 \times \$75,000 = \$37,500$).

What is the average number of hours per week that your part-time COPS officer will work? _____

How many hours per week is considered full-time employment? _____

What is the average number of hours per year that your part-time COPS officer will work? _____

What is the hourly rate for the part-time COPS officer? _____

Multiply the hourly rate by the average number of hours per year that the part-time COPS officer will work, and enter this amount below on the base salary line (A).

1. Cost Per Part-Time Officer – Year 1

Instructions – Indicate your agency's cost for each of the following categories. Do not include employee contribution costs.

Please round each line item to the nearest dollar.

Current Annual Entry-Level Base Salary (A)	\$ _____ .00	% of base salary	Enter the base annual first year salary that your department currently pays a new, entry-level officer.
Annual Fringe Benefits:			Cost for Social Security may not exceed 6.2% If exempt check here <input type="checkbox"/>
*Social Security	\$ _____ .00	_____ %	Cost for Medicare may not exceed 1.45% If exempt check here <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Costs toward health insurance coverage, please indicate if this is for Family Coverage () Yes () No
Health Insurance	\$ _____ .00	_____ %	Costs toward life insurance coverage.
Life Insurance	\$ _____ .00	_____ %	Vacation costs, if not included in base salary. # of hours annually: _____
Vacation	\$ _____ .00	_____ %	Sick leave costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ _____ .00	_____ %	Contribution to retirement benefits.
Retirement	\$ _____ .00	_____ %	Costs of worker's compensation.
*Worker's Comp.	\$ _____ .00	_____ %	Costs of unemployment insurance.
*Unemployment Ins.	\$ _____ .00	_____ %	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other _____	\$ _____ .00	_____ %	
Other _____	\$ _____ .00	_____ %	
Total Year 1 Fringe Benefits	\$ _____ .00		Sum of department fringe benefit costs for Year 1.
Total Year 1 Salary and Benefits	\$ _____ .00		Year 1 base salary plus Year 1 fringe benefits

*see page seven, question number four of this worksheet.

Tribal Resources Grant Program Hiring Budget Worksheets

Applicant Legal Name: _____ ORI #: _____

PART II: Complete if your agency is requesting part-time officers

2. Cost Per Part-Time Officer – Year 2

Instructions – Indicate your agency's cost for each of the following categories. Do not include employee contribution costs. Please round each line item to the nearest dollar.

Current Annual Entry-Level Base Salary	\$ _____ .00	% of base salary	Enter the base annual second year salary that your department currently pays a new, entry-level officer.
Annual Fringe Benefits:			
*Social Security	\$ _____ .00	_____ %	Cost for Social Security may not exceed 6.2% If exempt check here <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Cost for Medicare may not exceed 1.45% If exempt check here <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Costs toward health insurance coverage, please indicate if this is for Family Coverage () Yes () No
Life Insurance	\$ _____ .00	_____ %	Costs toward life insurance coverage.
Vacation	\$ _____ .00	_____ %	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ _____ .00	_____ %	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ _____ .00	_____ %	Contribution to retirement benefits.
*Worker's Comp.	\$ _____ .00	_____ %	Costs of worker's compensation.
*Unemployment Ins.	\$ _____ .00	_____ %	Costs of unemployment insurance.
Other _____	\$ _____ .00	_____ %	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other _____	\$ _____ .00	_____ %	
Total Year 2 Fringe Benefits	\$ _____ .00		Sum of department fringe benefit costs for Year 2.
Total Year 2 Salary and Benefits	\$ _____ .00		Year 2 base salary plus Year 2 fringe benefits

*see page seven, question number four of this worksheet.

Tribal Resources Grant Program Hiring Budget Worksheets

Applicant Legal Name: _____ ORI #: _____

PART I: Complete if your agency is requesting part-time officers

3. Cost Per Part-Time Officer – Year 3

Instructions – Indicate your agency's cost for each of the following categories. Do not include employee contribution costs. Please round each line item to the nearest dollar.

Current Annual Entry-Level Base Salary	\$ _____ .00	% of base salary	Enter the base annual third year salary that your department currently pays a new, entry-level officer.
Annual Fringe Benefits:			
*Social Security	\$ _____ .00	_____ %	Cost for Social Security may not exceed 6.2% If exempt check here <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Cost for Medicare may not exceed 1.45% If exempt check here <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Costs toward health insurance coverage, please indicate if this is for Family Coverage () Yes () No
Life Insurance	\$ _____ .00	_____ %	Costs toward life insurance coverage.
Vacation	\$ _____ .00	_____ %	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ _____ .00	_____ %	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ _____ .00	_____ %	Contribution to retirement benefits.
*Worker's Comp.	\$ _____ .00	_____ %	Costs of worker's compensation.
*Unemployment Ins.	\$ _____ .00	_____ %	Costs of unemployment insurance.
Other _____	\$ _____ .00	_____ %	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other _____	\$ _____ .00	_____ %	
Total Year 3 Fringe Benefits	\$ _____ .00		Sum of department fringe benefit costs for Year 3.
Total Year 3 Salary and Benefits	\$ _____ .00		Year 3 base salary plus Year 3 fringe benefits

*see page seven, question number four of this worksheet.

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Applicant Legal Name: _____ ORI #: ____ ____ ____ ____ ____ ____ ____

PART III: Budget Summary (All applicants must complete this section)

After completing Part I and/or Part II of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for the worksheets. Be sure to answer **EVERY** question. Missing or erroneous information could significantly delay the review process.

1. If your agency's second and third year costs for salaries and/or benefits are greater than the first year, check the reason(s) why below:

☐ Cost of living adjustment (COLA) ☐ Step raises ☐ Changes in benefit costs ☐ Other (please explain below)

2. Please enter the name of your Cognizant Federal Agency: _____

Most agencies that receive federal grants are required to have audits of those grants forwarded to a single federal agency (Justice, HUD, HHS, Transportation, etc.). The single federal agency where such audits are sent is known as your "Cognizant Federal Agency." Please enter the name of your Cognizant Federal Agency (typically the federal agency that provides your department with the most federal funding) in the space provided. If your department does not receive federal funds, enter U.S. Department of Justice.

3. Starting date of your fiscal year: ____ / ____ / ____ Ending date: ____ / ____ / ____
Month/Day Month/Day

4. If no funds were budgeted for worker's compensation, FICA (Social Security & Medicare) or unemployment insurance, you must provide an explanation in the space provided below. For example, if your agency is exempt from Social Security because it is covered by a local/state retirement program then the agency should provide that explanation.

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Applicant Legal Name: _____ ORI #: _____

Instructions: The federal share percentage of total salaries and benefits must decrease each year leading to full local funding during the retention period. The total percentage of officers' salaries and benefits paid with federal funds must be less in Year 2 than in Year 1 and less in Year 3 than in Year 2. At the same time, your local share must increase each year. The percentage of total officers' salaries and benefits paid with local funds must be more in Year 2 than in Year 1, and more in Year 3 than in Year 2. Please complete the following 3-year projection, showing how the Federal share and your local matching share will change year by year for **one officer position**. If applying for a waiver of the local match, your agency must still complete the federal and local amount sections as if you were not receiving a waiver.

Three year salary and benefit costs *per full-time* position

*The Federal Share may not exceed 75% of the total 3-year costs or \$75,000, whichever is smaller.	YEAR 1	YEAR 2	YEAR 3	TOTAL – 3 YEARS
Federal Amount (Percentage must decrease each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00
Local Amount (Percentage must increase each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00
Total Salary & Benefits (Federal Amount plus Local Amount)	\$ _____ .00 Total Year 1 Salary and Benefits from Page 1	\$ _____ .00 Total Year 2 Salary and Benefits from Page 2	\$ _____ .00 Total Year 3 Salary and Benefits from Page 3	\$ _____ .00 Total 3-Year Costs (Y1 + Y2 + Y3 = Total Costs)

Three year salary and benefit costs *per part-time* position

*The Federal Share may not exceed 75% of the total 3-year costs or the calculated salary cap, whichever is smaller.	YEAR 1	YEAR 2	YEAR 3	TOTAL – 3 YEARS
Federal Amount (Percentage must decrease each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00
Local Amount (Percentage must increase each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00
Total Salary & Benefits (Federal Amount plus Local Amount)	\$ _____ .00 Total Year 1 Salary and Benefits from Page 4	\$ _____ .00 Total Year 2 Salary and Benefits from Page 5	\$ _____ .00 Total Year 3 Salary and Benefits from Page 6	\$ _____ .00 Total 3-Year Costs (Y1 + Y2 + Y3 = Total Costs)

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Applicant Legal Name: _____ ORI #: _____

Certification and Contact Information for Budget Questions

The undersigned attests to the accuracy of the budget information provided on these worksheets.

I certify that the information provided on this form is true and accurate to the best of my knowledge:

Authorized Official's (Typed) Name: _____

Authorized Official's Title: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____